Washington State Department of Social & Health Services
DDD Division of Developmental Disabilities

DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

DDD MORTALITY REVIEW

PART 4. CENTRAL OFFICE REVIEW

NAME OF PERSON COMPLETING FORM (PRINT)	
POSITION/TITLE	
DATE COMPLETED	TELEPHONE NUMBER

To be completed by the Central Office Mortality Review Team (MRT) within **60** calendar days of receipt of a completed death report from the region. A copy of the findings, recommendations, and the official death certificate will be sent to the region upon completion.

1. DECEASED'S LEGALNAME	2. CLIENT ID NUMBER

Mortality Review Team (MRT) participants (list names)

- ☐ Quality Assurance Office Chief _____
- ☐ Clinical Practices Manager _____
- ☐ Incident Management Program Manager _____
- ☐ Mental Health Professional _____
- ☐ Registered Nurse or Physician _____
- ☐ Community Residential Services Program Manager _____
- ☐ Other _____
- ☐ Other _____

Materials used in review (check all that apply)

- ☐ MR Provider Report
- ☐ MR Case Resource Manager Report
- ☐ MR Regional Quality Assurance Report
- ☐ Incidents reports
- ☐ Death Certificate
- ☐ APS/RCS information
- ☐ CPS information
- ☐ Residential evaluation(s)
- ☐ Autopsy report
- ☐ Law enforcement report
- ☐ Regional Mortality Review Team report
- ☐ External Mortality Review report
- ☐ Other _____
- ☐ Other _____

I. SUMMARY

3. Was report submitted to DDD Central Office within time frames? ☐ Yes ☐ No If yes, specify.

4. What was the MRT's consensus regarding the findings from the region?
☐ Complete, detailed ☐ Incomplete, missing key information (specify):

5. What was the MRT's consensus regarding the recommendations from the region?
☐ Complete, detailed ☐ Incomplete (specify):

6. DESCRIBE ADDITIONAL RECOMMENDATIONS, IF ANY, FOR PROVIDER POLICIES AND PRACTICES

DDD MORTALITY REVIEW, PART 4. CENTRAL OFFICE REVIEW

7. DESCRIBE ADDITIONAL RECOMMENDATIONS, IF ANY, FOR DDD POLICIES AND PRACTICES:

8. WHAT, IF ANY, SYSTEMS ISSUES DOES THE REVIEW OF THIS PERSON'S DEATH RAISE?

II. RECOMMENDED ACTIONS

☐ None. Review complete; no further action required.

☐ Return to Region for additional information (specify below):

☐ Return to Region for follow-up action (specify below):

☐ Central Office follow-up required (specify below):

☐ Other (specify below):

☐ Death Certificate attached.

☐ Copies of completed report sent to Region and Provider.